

## MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-000129-

AMENDED

Registration District No. 11 Primary Registration District No. 5053 Registrar's No. 8

STATE FILE NUMBER

FILED FEB 13 1962

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Shell Knob Township</u>		Length of stay in 1b <u>40 yrs</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Dale</u> Middle <u>None</u> Last <u>Snider</u>		4. DATE OF DEATH Month <u>1</u> Day <u>11</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-2-1894</u>
9. AGE (last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Barry County</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Rube Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Moore</u>	
14. NAME OF HUSBAND OR WIFE <u>James Eddie Snider</u>		Address	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>James C. Snider, Shell Knob, Missouri</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Labor Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Myocardial Infarction</u> DUE TO (c) <u>5 days</u> <u>2 days</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>2 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>7:45 AM</u> a.m. p.m. Month, Day, Year <u>Jan 11-1962</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Cassville, Mo</u>	
20g. COUNTY <u>Barry County</u>		20h. STATE <u>Missouri</u>	
21. I attended the deceased from <u>Jan 3-1962</u> to <u>Jan 11-1962</u> and last saw <u>her</u> alive on <u>Jan 10-1962</u> Death occurred at <u>7:45 AM - Jan 11-62</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>James C. Snider</u> (Degree or title) 22b. ADDRESS <u>Cassville, Mo</u> 22c. DATE SIGNED <u>Feb 2-1962</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-14-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Snider Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Barry County Missouri</u>
24. FUNERAL DIRECTOR <u>Paul D. Humberst</u>		25. DATE RECD. BY LOCAL REG. <u>Feb 2-1962</u>	
26. REGISTRAR'S SIGNATURE <u>Grace Williams</u>			

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul D. Henbest

Licensed Embalmer No. 4576

P. O. Address Cassville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.